

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
ULTRADENT PRODUCTS

PROJECT NAME
ULTRADENT O C CLAIMS

PROJECT ID
S450057

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/30/2004	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

Change of Address	
Contact	
Address	RECEIVED
	AUG 23 2004
E-mail address	DIV. OF OIL, GAS & MINING
State	Zip
Phone	

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Please make check payable to:
Division of Oil, Gas and Mining